PTO/SB/17 (10-03)
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| <u>,</u> . | FEE TRANSMITTAL for FY 2004 Effective 10/01/2003, Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1,200.00 METHOD OF PAYMENT (check all that apply) | | | Complete if Known | | | | | |
|--|--|---|--------------------------------|--------------------------------|------------------------|---|-----------------------------------|-------------|--|
| ્રદેખ, | | | | Application Number | | | 09/978,528 | | |
|) . | | | | Date | | October 17, 2001 | | | |
| , July 5 | Effective 10/01/2003. Patent fees are subject to annual revision. | | First Named Inventor | | | Andres BRYANT et al. | | | |
| ુરુ `ે વૈ | Enective 10/01/2003, Patent lees are subject to annual revision. | | Examiner Name | | | Ahmed N. Sefer | | | |
| 30 | Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | | | 2826 | | |
| The state of the s | TOTAL AMOUNT OF PAYMENT (\$) 1,200.00 | | | Attorney Docket No. BU9-99-055 | | | | | |
| WIE HU | METHOD OF PAYMENT (check all that apply) | T | FEE CALCULATION (continued) | | | | | | |
| | Check Credit Money Other None | 3. 4 | ADDITIO | ONAL FEE | | | | | |
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| | Deposit Account | 1051 | 130 | 2051 6 | 5 Surcharge | - late filing fe | e or oath | | |
| | Name The Director is authorized to: (check all that apply) | 1052 | 50 | 2052 2 | Surcharge sheet. | e – late provision | onal filing fee or cover | | |
| | Charge fee(s) indicated below X Credit any overpayments | 1053 | 130 | 1053 13 | | ish specification | | | |
| | X Charge any additional fee(s) or any underpayment of fee(s) | 1812 | | l | • | request for ex parte reexamination | | | |
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| | Charge fee(s) indicated below, except for the filing fee | 1804 | Examiner | | | action | | | |
| | to the above-identified deposit account. | 1805 | | | | action | | | |
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| | SUBTOTAL (1) (\$) | 1452 1453 | 110 1,330 | 2452 55 2453 66 | | revive - unav | | | |
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| | Claims | 1807 | 50 | 1807 50 | | | fee under 37 CFR 1.17(q) | | |
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| | 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 | 1809 | 770 | 2809 38 | ³ (37 ČFR 1 | .129(a)) | | | |
| | 1203 290 2203 145 Multiple dependent claim, if not paid | 1810 | 770 | 2810 38 | | additional invei (37CFR 1.129 | | | |
| | 1204 86 2204 43 ** Reissue independent claims | 1801 | 770 | 2801 38 | 5 Request fo | or Continued E | xamination (RCE) | 770.00 | |
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| | SUBMITTED BY | l n | No. 1-4 1' AT '' T | | | | e (if applicable)) | | |
| | Name (Print/Type) James M. Olsen | (Attorn | ration No. ey/Agent) 40,408 | | | Telephone (302) 658-9141 | | | |
| | Signature James W. Ols | Date September 21, 2004 | | | | | | | |
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